Telephone (603) 226-7490

Date: May 11, 2007

Registration No. (Atty/Agent) 32,018

	Under the Paperwork Reduce			required to n	espond to a collection			Valid Civil Control III	
Fees	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FEE TRANSMITTAL For FY 2006 Applicant claims small entity status. See 37 CFR 1.27					Application No. Filing Date First Named Inventor Examiner Name Art Unit Attorney Docket No.			10/590,588 with an effective filing date of February 16, 2005	
							February 1		
							Stefan PREBECK, Kurt SCHACHNER and Günter PILAT ZAHFRI P886US		
									METHO
■ Chec	k 🗆 Credit Card 🗅 Money Ord	er 🗆 None	Other (please	identify):					
■ Depo	osit Account Deposit	Account N	lumber <u>04-0213</u>	_	Deposit Account	t Name: DA	VIS BUJOLD & DAI	NIELS, P.L.L.C	
-									
or the	above-identified deposit accour		ctor is hereby auth			•			
	Charge fee(s) indicated be	elow		☐ Char	ge fee(s) indicated	below excep	pt for the filing fee		
	Charge any additional fee under 37 CFR 1.16	(s) or unde and 1.17	erpayments of fee(s	s) Credi	t any overpaymen	ts			
VARNII informat	NG: Information on this form mation and authorization on PTO-	ay becom	e public. Credit ca	rd informati	on should not be i	included on t	he this form. Provid	de credit card	
FEE CA	LCULATION								
1.	BASIC FILING, SEARCH, AI	ND EXAMI	INATION FEES						
		FILING F		SEARC		EXAMIN	IATION FEES		
	Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	Fees Paid (\$	
	Utility	300	150	500	250	200	100		
	Design	200	100	100	50	130	65		
	Plant	200	100	300	150	160	80		
	Reissue	300	150	500	250	600	300		
	Provisional	200	100	0	0	0	0		
2.	EXCESS CLAIM FEES Fee Description Each claim over 20 (including	- Painaua				Fee (\$)	Small E Fee (\$		
						50 200	25 100		
							180		
	Each Independent claim over	o (includi	mg relaces,						
- (2007	Multiple dependent claims	o (iliciudi	ing radioacos,			360	180		
	·	Extra Cla		<u> </u>	Fee Paid (\$)	360	Multiple Depende	nt Claims Fee Paid (\$)	
	Multiple dependent claims MKAYPAGH 00000105 10590568 Total Claims -20 or H丹羽。	Extra Cla	aims <u>Fee (\$)</u>		Fee Paid (\$)		Multiple Depende		
	Multiple dependent claims MKAYPAGH 00000105 10590588 Total Claims -20 or HP 30	Extra Cla 00 DP Extra Cla	aims Fee (\$)		Fee Paid (\$)	360	Multiple Depende		
:1617	Multiple dependent claims MKAYPAGH, 00000105 10590568 Total Claims -20 or HP 30 Indep, Claims -3 or HP +	Extra Cla Extra Cla Extra Cla pendent c	aims x Fee (\$) aims x Fee (\$) laims paid for, if great to the paper of the paper	eater than 3	Fee Paid (\$)	d sequence o	Multiple Depende Fee (\$)	Fee Paid (\$)	
:1617	Multiple dependent claims #KAYPAGH 00000105 10590588 Lota Utaims -20 or HF 30, Indep_Claims -3 or HP + HP = highest number of inde APPLICATION SIZE FEE If the specification and drawin the application size fee due	Extra Cla Extra Cla Extra Cla pendent c	aims x laims x laims paid for, if greating the state of paper 125 for small entity	er (excluding	Fee Paid (\$)	d sequence o	Multiple Depende Fee (\$) or computer listings of thereof. See 35 U	Fee Paid (\$)	
5/2007 0:1617 3.	Multiple dependent claims IKAYPAGH 0000105 10590568 Total Claims -20 or HF 30 Indep. Claims -3 or HP + HP = highest number of inde APPLICATION SIZE FEE If the specification and drawir the application size fee due 37 CFR 1.16(s) Total Sheets	Extra Cla Extra Cla pendent c gs exceed is \$250 (\$ Extra Sh	aims x aims x laims paid for, if great 1100 sheets of pape 1125 for small entity the seets No. of	eater than 3 er (excluding) for each addition	Fee Paid (\$) g electronically file additional 50 shee	d sequence o	Multiple Depende Fee (\$) or computer listings of thereof. See 35 U	Fee Paid (\$) under 37 CFR 1.52 J.S.C. 41(a)(1)(G)	

05/ 01

Signature

Name (Print/Type)

Michael J. Bujold